



**CORPORATE OFFICE**  
 30011 Leghorn Lane  
 Eugene, OR 97402  
 541 744 3838  
 855 548 7467

**VANCOUVER PLANT**  
 3825 NE 68th Street  
 Vancouver, WA 98661

This application form is intended for evaluating your qualifications for employment; this is not an employment contract.

Application is valid for 90 days.

Personal Information:			
Application Date:	First Name:	Middle Initial:	Last Name:
Current Address: (Street, City, State and Zip Code)			
Phone:	Alternate Phone:	Email:	
Employment:			
Have you worked for Mohawk Metal before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your service dates, supervisor and your reason for leaving below: Start Date: _____ End Date: _____ Supervisor: _____ Reason: _____			
Will Visa or Immigration Status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did someone refer you to Mohawk Metal (person or organization)? If so, please list their name: _____			
Are you related to anyone that currently works for Mohawk Metal? If so, please list their name: _____			
Select the location you are applying at: <input type="checkbox"/> Eugene, OR <input type="checkbox"/> Vancouver, WA			
Select the position you are applying for below:			
<input type="checkbox"/> Fabricator	<input type="checkbox"/> Welder	<input type="checkbox"/> Laser Operator	<input type="checkbox"/> Press Brake Operator
<input type="checkbox"/> Laborer	<input type="checkbox"/> Installer	<input type="checkbox"/> Programmer	<input type="checkbox"/> Office / Clerical
<input type="checkbox"/> Other (specify): _____			

Education Record:			
High School:	City/State:	Graduate/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
College:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
Other:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:



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Employment History:			
Previous Employer:	Employment Dates:	Positions:	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #:	Supervisor Name:	
Skills/duties:			

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Address:	Phone #:	Supervisor Name:	
Skills/duties:			

Please list any Job-Related Skills or Licenses:


Please list any additional information you would like us to know:


I certify that the information given by me to Mohawk Metal is true and complete to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my dismissal.

I understand that mandatory drug testing may be required for employment.

I understand that I may have to test my job-related skills prior to my employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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